BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECOF Effective October 1, 2000								,	US			
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY		
TOTAL CLAIMS			20				RAT	E	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			20 minus 20=		*	\$	X\$ 9)=		OR	X\$18=	
IND	EPENDENT CL	_AIMS	7 minus 3 =		* /	8	X40	=		OR	X80=	-
MU	LTIPLE DEPEN	IDENT CLAIM P	RESENT				.105				. 270 -	
* If the difference in column 1 is less than zero, enter "0" in column 2							+135			OR	+270=	2.
								AL	-	OR		710
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								LL E	NTITY	OR	OTHER SMALL E	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X\$ 9	=		OR	X\$18=	
	Independent	*	Minus			=	X40:	-	0	OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							=	,	OR	+270=	
							TO [*] ADDIT. F			OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3)	ADDIT. F				ADDIT: 1 C.E.	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA	RATI	=	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total ·	*	Minus	**		=	X\$ 9	-		OR	X\$18=	
	Independent	*	Minus	***		=	X40:	- 1		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						+135	_		OR	+270=	
(Column 1) (Column 2) (Column 3)								AL			TOTAL	
								EE L			ADDIT. FEE	
AMENDMENT C		CLAIMS		HIGH	EST			- T	ADDI-			ADDI-
		REMAINING AFTER AMENDMENT		· NUM PREVIO PAID	DUSLY	PRESENT EXTRA	RATI	≣ ¹	TIONAL FEE		RATE	TIONAL
	Total	*	Minus	**		=	X\$ 9	_		OR	X\$18=	
	Independent	*	Minus	***		=	X40=			OR	X80=	
上	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							-	······································			<u></u>
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+270=	
** If the entry in column 1 is less than the entry in column 2, write 0 in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										OR	TOTAL ADDIT. FEE	
		nber Previously Pa					found in the	арр	ropriate box	x in col	lumn 1.	

Application or Docket Number